

City of Carlsbad - Public Works - Maintenance and Operations
5950 El Camino Real - Carlsbad CA 92008
(760)438-2722 ext. 7134

Account No.: _____
 Service Address: _____
 Location: _____

Property Owner: _____
 Mailing Address: _____
 City ST Zip: _____

Date of Notice: _____
 Serial No. _____
 Mfg. _____
 Model _____
 Size _____
 Type of Assembly _____
 Meter Size _____
 Meter Number _____

Annual Backflow Prevention Assembly Certification

From the date of this notice, you will have 30 days in which to have your backflow prevention assembly tested and certified. If repairs are needed, the assembly will require retesting before it can be certified. The enclosed tester list is provided as a convenience. If you choose a tester not shown on the enclosed list, please verify that the tester holds a valid County of San Diego Backflow Prevention Assembly Tester certificate. The testing company must also possess a valid City of Carlsbad business license. Only tests performed by testers meeting these requirements will be considered valid.

The Field Testing & Maintenance Form provided by the City must be completed by the repair and test contractor, signed by the tester and the original returned to the City. Neither test forms from other agencies, nor the tester's own forms will be accepted. This form must be completed and returned to the City within 30 days from the notice date or your water service will be subject to termination.

Date Tested: _____ S.D. County Cert. No.: _____ Gauge Serial No.: _____

Firm Name: _____ Tester Name: _____

Telephone No.: _____ PSI: _____

Line Valve #1 - Replaced () Line Valve #2 - Passed () Replaced ()

Reduced Pressure Principle Assembly			
Double Check Valve Assembly			
Test Before Repairs	Tight () _____ Leaked () _____	Tight () _____ Leaked () _____	Apparent Drop _____ Opened At _____ Actual Drop _____
New Materials and Repairs Made			
Test After Repairs	Tight () _____	Tight () _____ Tight () _____	Apparent Drop _____ Opened At _____ Actual Drop _____

Name and Phone No. of Repair Person: _____

Test After Repairs Done By: _____

Firm Name: _____ Tester Name: _____

Gauge Serial No.: _____ San Diego County Cert. No. _____

Telephone No.: _____ Date of Retest: _____

Tester's signature affixed to this form certifies the above to be true.

Testers Signature: _____

ORIGINAL MUST BE RETURNED TO THE DISTRICT